2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 05, 2000 8:00 am Secretary of State DOCUMENT # **N94000001730** 1. Entity Name CAMP CREEK LAKE HOMEOWNERS ASSOCIATION, INC. 04-05-2000 90089 026 ****61.25 Principal Place of Business Mailing Address 230 PELICAN CIRCLE 235 PELICAN CIRCLE PANAMA CITY BEACH FL 32413 PANAMA CITY FL 32413-7019 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **₹33** Pelican 333 Polican Applied For City & State City & State 4. FEI Number 59-3243326 Above Hoove Not Applicable Country Country---\$8.75 Additional Above 5. Certificate of Status Desired Above Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Richard LOWYU Street Address (P.O. Box Number is Not Acceptable) VANDEVER, LOUISE J 239 PELICAN CIRLCE Pelican Circle PANAMA CITY BEACH FL 32413 Zip Code Panama Coty Beach 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition D Change TITLE D\$ ☐ Delete TITLE NAME NAME MATTERN, DAVID STREET ADDRESS STREET ADDRESS 1063 DOUGLAS RD CITY-ST-ZIP CITY-ST-ZIF HUNTSVILLE AL 35806 **Addition** Delete Delete TITLE ☐ Change TITLE ٧D Shaffer NAME NAME LAWS, KIM 407.3 Field STREET ADDRESS STREET ADDRESS 377-PELCIAN CIR-Wheat Ride 80033 CITY-ST-ZIP CITY-ST-7IF PANAMA CITY BEACH FL 32413 Change Change ☐ Addition ☐ Delete TITLE TITLE MARAF NAME LOWRY, RICHARD STREET ADDRESS STREET ADDRESS 233 PELICAN CIRCLE CITY-ST-ZIP CITY-ST-7IP PANAMA CITY FL 32413 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME COX. KEN STREET ADDRESS STREET ADDRESS 106 FOREST TERRACE CITY-ST-ZIP CITY-ST-ZIP TROY AL 36081 Change Change ☐ Addition PD TITLE □ Delete TITLE NAME NAME SMITH, SUZANNE STREET ADDRESS **363 PELICAN CIRCLE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BCH FI 🔀 Delete TITLE Change ☐ Addition TITLE NAME CHICCARELLI, ELVINA NAME STREET ADDRESS STREET ADDRESS **406 PELICAN CIRCLE** CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

PANAMA CITY BEACH FL 32413

SUSARMUTSIRIVALEDIAREON OFFICER OF DIRECTOR

Lhort

3/30/00

850-231-6214

Daytime Phone #